

ADEM



ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

POST OFFICE BOX 301463 36130-1463 • 1400 COLISEUM BLVD. 36110-2059

MONTGOMERY, ALABAMA

WWW.ADEM.STATE.AL.US

(334) 271-7700

JAMES W. WARR
DIRECTOR

BOB RILEY
GOVERNOR

November 21, 2003

Attn: Environmental Contact

RE: Notification of Regulated Waste Activity

The Alabama Department of Environmental Management has reviewed your Notification of Regulated Waste Activity, ADEM Form 8700-12, for this facility.

According to the information submitted:

☒ The facility has been assigned the EPA Identification Number ALR000031146.

☐ The facility's annual notification has been confirmed.

With receipt of this letter, this facility is currently in compliance with ADEM Administrative Code Rule 335-14-3-.01(3). Please be aware that, in order to remain in compliance with the aforementioned rule, you must notify at the appropriate time next year.

Should you have any questions, please contact the Environmental Data Section at (334) 270-5624.

Facsimiles: (334)
Administration: 271-7950
General Counsel: 394-4332
Air: 279-3044
Land: 279-3050
Water: 279-3051
Groundwater: 270-5631
Field Operations: 272-8131
Laboratory: 277-6718
Mining: 394-4326
Education/Outreach: 394-4383

Birmingham Branch
110 Vulcan Road
Birmingham, Alabama 35209-4702
(205) 942-6168
(205) 941-1603 [Fax]

Decatur Branch
2715 Sandlin Road, S.W.
Decatur, Alabama 35603-1333
(256) 353-1713
(256) 340-9359 [Fax]

Mobile Branch
2204 Perimeter Road
Mobile, Alabama 36615-1131
(251) 450-3400
(251) 479-2593 [Fax]

Mobile - Coastal
4171 Commanders Drive
Mobile, Alabama 36615-1421
(251) 432-6533
(251) 432-6598 [Fax]



Printed on Recycled Paper

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (§ 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Alabama Department of Environmental Management

Date Received
(for Official Use Only)

01/11

I. Installation's EPA ID Number (Mark "X" in the appropriate box)

☒ A. First Notification

☐ B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

ALR000031146

II. Name of Installation (Include company and specific site name)

Resolve ESCO Marine Inc. Albert

Name of Installation (Continued)

E. Watts

III. Change of Installation Name?

☐ No☐ Yes

(If Yes, Please enter previous name of installation below.)

IV. Location of Installation (Physical address not P.O. Box or Route Number)

Street

Mobile Bay Little Sand Island

Street (Continued)

101 Hardwood Lane

City or Town

Mobile

State

AL

Zip Code

36611-

County Name

097

Mobile

V. Installation Mailing Address (See Instructions)

Street or P.O. Box

P.O. Box 998

City or Town

Hammond

State

LA

Zip Code

70404-

VI. Installation Contact (Person to be contacted regarding waste activities at site)

Title Name (Last)

Mr Ms

Mire

(First)

C. J.

Job Title

E. S. H. Manager

Phone Number (Area Code and Number)

956-592-4088

Ext.

Contact Email Address (optional)

cmire7@aol.com

VII. Owner (See Instructions)

A. Name of Installation's Legal Owner

Maritime Administrative

Street, P.O. Box or Route Number

400 Seventh Street

City or Town

Washington DC

State

DC

Zip Code

20540-

Phone Number (Area Code and Number)

202-366-5787

Ext.

B. Land Type

S

C. Owner Type

F

D. Change of Owner Indicator

Yes

No

Date Month

2

Changed Day

1

Year

22

VIII. Geographic Location

In the area provided below, enter the physical location of your installation. This information must be described in Latitude and Longitude.

Latitude/Longitude Method ☐ (See Instructions)

(Degrees, Minutes, & Seconds)				(Degrees, Minutes, & Seconds)			
3	0			0	8	9	7
			N				W

IX. Description of Facility Processes (Refer to instructions for NAICS Code listings)

A. NAICS Codes: Enter the six-digit North American Industry Classification System (NAICS) Code of the overall production, distribution, or service activity of your site. Also, provide any additional NAICS Codes that describe the specific industrial processes that are used.

Primary	1	2	3	4
23594				

B. Facility Process In the space provided below, describe each of the processes at your facility that produce Regulated Wastes. Attach additional sheets-as necessary.

1. Asbestos, PCB-Bulk Waste (Dry material), Petroleum products, will
2. be generated from the dismantling of this vessel Albert E. Watts.
- 3.

X. Certification Fees

Note: Pursuant to Rules 335-1-6 of the ADEM Administrative Code, all Notification Forms submitted to the Department must include the appropriate certification fee in order to be complete.

During at least 1 month of the previous year, this facility operated as: (Check all that apply)

A. Hazardous Waste Activities (Attach Schedule A)

1. ☐ Large Quantity Generator (≥ 1000 kg/month)
2. ☒ Small Quantity Generator (between 101 and 999 kg/month)
3. ☐ Conditionally Exempt Generator (≤ 100 kg/month)

(Note: Household generation is exempt under 335-14-2-.Q1(4)(b)1.)

4. ☐ Transporter/Transfer Facility
5. ☐ Treatment Facility - Combustion
6. ☐ Treatment Facility - Other than Combustion
7. ☐ Storage Facility
8. ☐ Disposal Facility

B. Used Oil Activities (Attach Schedule B)

1. ☒ Generator (≥ 25 gallons/month)
2. ☐ Transporter/Transfer Facility
3. ☐ Processor/Re-refiner
4. ☐ Fuel Marketer
5. ☐ Burner

C. Universal Waste Activities (Attach Schedule C)

1. ☐ Universal Waste Transporter
2. ☐ Large Quantity Handler (≥ 5000 kg)
3. ☒ Small Quantity Handler (≤ 5000 kg)

Any ADEM Form 8700-12 submitted without all appropriate waste schedules and certification fees will not be processed.

XI. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person, or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

C.J. Mire

Name and Official Title (Type or Print)

C.J. Mire E.S. & H. Manager

Date Signed

11-7-03

XII. Comments

Mail completed form, a check or money order for all appropriate certification fees, and all necessary schedules and attachments to:

Alabama Department of Environmental Management
Land Division
P.O. Box 301463
Montgomery, AL 36136-1463

Installation's EPA ID Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



Schedule A

Certification of Hazardous Waste Management

☒ 1. Hazardous Waste Generator (See Instructions)

- ☐ 2. Hazardous Waste Transporter ††

- ☐
- a. Commercial Transporter (received wastes from others)

☐ 1. Air ☐ 3. Highway
☐ 2. Rail ☐ 4. Water
☐ 5. Other (Specify)

- ☐
- b. Own Waste Only

☐ 3. Treater, Storer, Disposer (at installation) ††

☐ a. WWTU/ENU ☐ d. Recycling Unit

☐ b. Generator Evaporation ☐ e. Generator Physical Processing

☐ c. TETF Unit ☐ f. Other (specify)

4. Hazardous Waste/Fuel ††

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption

☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

☐ 5. Transfer Facility

- ☐ a. Loaded trucks
- ☐ b. Off-loaded containers
- ☐ c. Bulk Transfer between vehicles

☐ 6. Recycling Activities

(Specify)

†† **NOTE:** A permit may be required for this activity. Contact (334) 271-7735 for more information

During the previous calendar year, this facility transported _____ of Hazardous Waste.
(quantity in pounds)

During the previous calendar year, this facility received _____ of Hazardous Waste for treatment.
(quantity in pounds)

During the previous calendar year, this facility received _____ of Hazardous Waste for storage.
(quantity in pounds)

During the previous calendar year, this facility received _____ of Hazardous Waste for disposal.
(quantity in pounds)

During the previous calendar year, this facility marketed _____ of Hazardous Waste.
(quantity in pounds)

During the previous calendar year, this facility combusted _____ of Hazardous Waste.
(quantity in pounds)

During the previous calendar year, this facility acted as a transfer facility for _____ of Hazardous Waste.
(quantity in pounds)

Note: In order for this schedule to be accepted by ADEM, it must be a complete and complete indication of all Regulated Assets. ADEM Form 8700-12, and must include the appropriate certification fees as required by 33-11.6.

Page 1

(Continued on Next Page)

Installation's EPA ID Number

[illegible]

During the previous calendar year, this facility recycled

of Hazardous Waste.

(quantity in pounds)

In the space provided, list the types of regulated waste typically generated or handled by your installation. Attach additional sheets as necessary.

1. (Vessel Dismantling) Unknown if any hazardous materials or waste will be encountered on board. Will amend if encountered.

B. Characteristics of Nonlisted Hazardous Wastes. [Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 335-14-2-.03(1) - (5). Additional spaces are available in the following section if you need to list more hazardous waste numbers.]

1. Ignitable (D001) 2. Corrosive (D002) 3. Reactive (D003) 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

1. Corrosive					2. Ignitable					3. Reactive					4. Toxicity Characteristic				
(D001)					(D002)					(D003)					(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))				
<div></div>					<div></div>					<div></div>					<div></div>				
<div>D</div>					<div>D</div>					<div>D</div>					<div>D</div>				
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<div>D</div>					<div>D</div>					<div>D</div>					<div>D</div>				

Listed Hazardous Wastes (See 226.11.0.04)

C. Listed Hazardous Wastes. [See 335-14-2-.04(2) - (4)]; If you need to list more hazardous waste numbers, attach copies of this page as necessary.

Hazardous Wastes. [See 335-14-2-.04(2) - (4)]; If you need to list more hazardous waste numbers, attach copies of this page as necessary.											
1	2	3	4	5	6						
7	8	9	10	11	12						
13	14	15	16	17	18						
19	20	21	22	23	24						
25	26	27	28	29	30						
31	32	33	34	35	36						
37	38	39	40	41	42						
43	44	45	46	47	48						
49	50	51	52	53	54						
55	56	57	58	59	60						
61	62	63	64	65	66						

Installation's EPA ID Number

Installation's EPA ID Number



Schedule C

Certification of Universal Waste Management

☐ Universal Waste Transporter☐ Large Quantity Handler

Estimated Yearly Accumulation

☐ 1. Battery(ies)
☐ 2. Thermostat(s)
☐ 3. Pesticide(s)
☐ 4. Lamps

☒ Small Quantity Handler

Estimated Yearly Accumulation

☒ 1. Battery(ies)
☒ 2. Thermostat(s)
☐ 3. Pesticide(s)
☒ 4. Lamps

Unknown until encountered

II. Universal Waste Transporter

During the previous calendar year, this facility transported _____ of Universal Waste.
(quantity in pounds)

III. Universal Waste Handler

During the previous calendar year, this facility handled Unknown of Universal Waste.
(quantity in pounds)

Comments:

Notice: In order for this schedule to be accepted by ADEM, it must be attached to a permit application for Regulated Waste Activity. ADEM Form 8700-12, and must include the appropriate certification fees, as required by 235-116.

Installation's EPA ID Number



I. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

- † **NOTE:** A permit is required for this activity. Contact (334) 271-7735 for more information

During the previous calendar year, this facility collected/generated Unknown See schedule A of Used Oil.
(quantity in pounds)

During the previous calendar year, this facility marketed _____ of Used Oil.
(quantity in pounds)

During the previous calendar year, this facility burned _____ of Used Oil.
(quantity in pounds)

During the previous calendar year, this facility transported _____ of Used Oil.
(quantity in pounds)

During the previous calendar year, this facility processed/re-refined _____ of Used Oil.
(quantity in pounds)

Note: In order for this schedule to be accepted by ADEM, it must be attached to a completed Notification of Regulated Waste Form (NRF Form 0700-2) and must include the appropriate certification fees as required by 336-1-6.

[illegible]

11/21/03 Per CJ mire, change the
mailing address to 16200 Joe Garza Sr Rd;
Brownsville, TX 78521. CWA

11/21/03 Per CJ mire, the mailing address
on 8700-12 should be PO Box 998; Hammond, LA
70404.
I made the corrections. CWA

Will mail EPA ID # to both addresses. CWA

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SOLID WASTE DISPOSAL CERTIFICATION REVIEW FORM

544

CERTIFICATION NUMBER: SW-043006-0009
ADEM Status Date: 04/02/2004

WASTE PROFILE NUMBER: VA3462 2004

GENERATOR NAME: RESOLVE ESCO MARINE INC
176 DUNLOP DRIVE
MOBILE AL 36603

EPAID: ALR 000 031 431
PHONE: 832 746 - 945

CONTACT: MR JOSE RAMIREZ

DATE RECEIVED: 03/31/2004
DATE REVIEWED: 04/02/2004

LANDFILL NAME: Chastang Sanitary Landfill

PERMIT NUMBER: 49-05

ASSIGNED PERSON: ltr Ms. Lynn T. Roper

WASTE NAME: Waste oil sludge

COUNTY: MOBILE

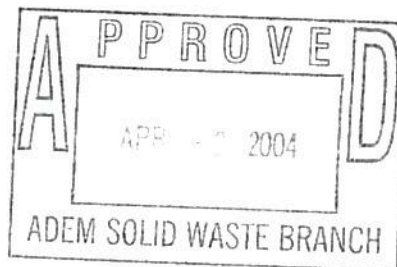
STATE AL

QUANTITY: 60.00 Tons PER Year

FORM TYPE: O O = ORIGINAL R = RENEWAL FOUNDRY SAND:

STATUS CODE: (A)

COMMENT: (PRINTED IN
(LETTERS)



___ Non-contaminated (below detect lim) ___ Petro < or = 100 ppm
___ Petro > 100 ppm ___ Non-haz < 50% TCLP ___ Non-haz > or = 50% TCLP

Date: 4/2/04

Reviewed by: LTR

RESERVED

! LTR April 2, 2004

11:08 AM

John Fanning LWM

GENERATOR'S WASTE PROFILE SHEET
PLEASE PRINT IN INK OR TYPE

Service Agreement on File?

☒ YES ☐ NO

Profile Number:

VA3462

☐ Hazardous ☒ Non-Hazardous ☐ TSCA

Renewal Date

A. Waste Generator Information

1. Generator Name:	Resolve Esco Marine Inc.	2. SIC Code	
3. Facility Street Address:	200 6 th St.	4. Phone	832-746-9457
5. Facility City:	Mobile	6. State/Province:	AL
7. Zip/Postal Code:	36611-2121	8. Generator USEPA/FED ID #:	ALR000031435
9. County:	Mobile	10. State/Province ID#:	AL
11. Customer Name:	Resolve Esco Marine Inc.	12. Customer Phone:	832-746-9457
13. Customer Contact:	Jose Ramirez	14. Customer Fax:	251-432-7921
15. Billing Address:	178 Dunlop Dr. Mobile, AL 36603		<input type="checkbox"/> Same as above

B. Waste Stream Information

1. DESCRIPTION

a. Name of Waste: Waste Oil Sludge
b. Processing Generating Waste: cleanup of skunk with boat - Dismantling

c. Color Various	d. Strong odor (describe) NA	e. Physical state @ 70°F <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Other	f. Layers <input type="checkbox"/> Single Layer <input checked="" type="checkbox"/> Multi-Layer	g. Free liquid range to NA % h. pH: Range to NA
---------------------	------------------------------------	---	---	--

i. Liquid Flash Point: ☐ <73°F ☐ 73-99°F ☐ 100-139°F ☐ 140-199°F ☒ ≥200°F

j. Chemical Composition (List all constituents (including halogenated organics, debris, and UHC's) present in any concentration and submit representative analysis):

Constituents	Concentration Range	Constituents	Concentration Range
Plastic debris metal	10% - 40%		
But	30 - 40%		
Water	30 - 40%		
Oil	0 - 10%		

TOTAL COMPOSITION MUST EQUAL OR EXCEED 100%

- k. ☐ Oxidizer ☐ Pyrophoric ☐ Explosive ☐ Radioactive
☐ Carcinogen ☐ Infectious ☐ Shock Sensitive ☐ Water Reactive
- l. Does the waste represented by this profile contain any of the carcinogens which require OSHA Notification? (list in Section B.1.j) ☐ YES ☒ NO
- m. Does the waste represented by this profile contain dioxins? (list in B.1.j) ☐ YES ☒ NO
- n. Does the waste represented by this profile contain asbestos? ☐ YES ☒ NO
If yes, ☐ friable ☐ non-friable
- o. Does the waste represented by this profile contain benzene? ☐ YES ☒ NO
If yes, concentration _____ Ppm
- p. Is the waste subject to benzene waste operations NESHAP? ☐ YES ☒ NO
- q. Is the waste subject to RCRA Subpart CC controls? ☐ YES ☒ NO
If no, does the waste meet the organic LDR Exemption? ☐ YES ☒ NO
If no, does the waste contain <500 ppmw volatile organic (VOC's)? ☐ YES ☒ NO
Volatile organic concentration _____ ppmw
- r. Does the waste contain any Class I or Class II ozone-depleting substance? ☐ YES ☒ NO
- s. Does the waste contain debris? (list in Section B.1.j) ☐ YES ☒ NO
Is the waste subject to controls as a Group 1 wastewater or residual under the HON? ☐ YES ☒ NO
If yes, is it a Table 8 _____ or Table 9 _____ Compound?

2. Quantity of Waste
Estimated Annual Volume60 ☒ Tons ☐ Yards ☐ Drums ☐ Other (specify) _____

3. Shipping Information

a. Packaging:

☒ Bulk Solid: Type/Size:Roll off Box☐ Bulk Liquid: Type/Size☐ Drum: Type/Size:☐ Other:b. Shipping Frequency: Units 60 Per: ☐ Month ☐ Quarter ☒ Year ☐ One Time☐ Otherc. Is this a U.S. Department of Transportation (USDOT) Hazardous Material? (If no, skip d, e and f) ☐ YES ☒ NO

GENERATOR'S WASTE PROFILE SHEET
PLEASE PRINT IN INK OR TYPE

VA3462

d. Reportable Quantity (lbs.; kgs.): _____ e. Hazard Class/ID#: _____
f. USDOT Shipping Name: _____
g. Personal Protective Equipment Requirements: _____
h. Transporter/Transfer Station: _____

C. Generator's Certification: (Please check appropriate responses, sign, and date below)

1. Is this a USEPA hazardous waste (40 CFR Part 261)? If the answer is no, skip to 2. ☐ YES ☒ NO
 - a. If yes, identify ALL USEPA listed and characteristic waste code numbers (D,F,K,P,U) _____
 - b. If a characteristic hazardous waste, do underlying hazardous constituents (UHCs) apply? (If yes, list in Section B.1.j) ☐ YES ☐ NO
 - c. Does this waste contain debris? (If yes, list size and type in Chemical Composition - B.1.) ☐ YES ☐ NO
2. Is the waste from a soil remediation project? ☐ YES ☒ NO
 - a. Will the Alternative Soil treatment Standards to be invoked? ☐ YES ☒ NO
 - b. Do underlying hazardous constituents apply? (If yes, list in Section B.1.j) ☐ YES ☒ NO
3. Is the waste from a CERCLA (40 CFR 300, Appendix B) or state mandated clean-up? ☐ YES ☒ NO
If yes, attach Record of Decision (ROD), 104/106 or 122 order or court order that governs site clean-up for activity. For state mandated clean-up, provide relevant documentation.
4. Does the waste represented by this waste profile sheet contain radioactive material? ☐ YES ☒ NO
 - a. Is disposal regulated by the Nuclear Regulatory Commission? ☐ YES ☒ NO
 - b. If NORM, identify isotopes and concentration, pCi/g _____ ☐ YES ☒ NO
5. Does the waste represented by this waste profile sheet contain concentrations of Polychlorinated Biphenyls (PCBs) regulated by 40 CFR 761? (If yes, list in Chemical Composition - B.1.j) ☐ YES ☒ NO
 - a. Were the PCBs imported into the U.S.? ☐ YES ☐ NO
 - b. Are PCBs regulated under the "Self-Implementing Remediation (Mega) Rule"? ☐ YES ☐ NO
6. Do the waste profile sheet and all the attachments contain true and accurate descriptions of the waste material, and has all relevant information within the possession of the Generator regarding known or suspected hazards pertaining to the waste been disclosed to the Contractor? ☒ YES ☐ NO
7. Will all changes which occur in the character of the waste be identified by the Generator and disclosed to the Contractor prior to providing the waste to the Contractor? ☒ YES ☐ NO

☐ Check here if a Certificate of Destruction or Disposal is required.

Any sample submitted is representative as defined in 40 CFR 261 - Appendix 1 or by using an equivalent method. I authorize WMI to obtain a sample from any waste shipment for purposes of recertification. If this certification is made by a broker, the undersigned signs as authorized agent of the generator and has confirmed the information contained in this Profile Sheet from information provided by the generator and additional information as it has determined to be reasonably necessary. If approved for management, Contractor has all the necessary permits and licenses for the waste that has been characterized and identified by this approved profile.

Certification Signature: Jose Ramon Title: _____
Name (Type or Print) JOSE Ramon Company Name RESOLVE/ESCO Date: 7-18-09

☐ Check if additional information is attached. Indicate the number of attached pages. _____

D. WMI Management's Decision				FOR WMI USE ONLY	
1. Management Method		<input checked="" type="checkbox"/> Landfill <input type="checkbox"/> Non-hazardous Solidification <input type="checkbox"/> Bioremediation <input type="checkbox"/> Incineration <input type="checkbox"/> Hazardous Stabilization <input type="checkbox"/> Other (Specify)			
2. Proposed Ultimate Management Facility: <u>CNASTANG LP</u>					
3. Precautions, Special Handling Procedures, or Limitation on Approval: _____					
4. Waste Form: _____		5. Source: _____		6. System Type: _____	
Special Waste Decision: _____				<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
Salesperson's Signature: _____				Date: _____	
Division Approval Signature (Optional): _____				Date: _____	
Special Waste Approvals Person Signature: _____				Date: _____	

EnviroChem

Environmental Laboratories

4320 Midmost Drive Mobile, Alabama 36609

Phone (251) 344-9106 Fax (251) 341-9492

To: RESOLVE MARINE GROUP
P.O. Box 3108
MOBILE, AL 36652

Attention: C. J. MIRE

Date Reported: 3/24/2004 11:27:30 AM

Project: ALBERT E WATTS SHIP

PO Number:

Date Received: 3/11/2004

Laboratory Results

Sample Number 25345-01 Description: ORANGE BUCKET WASTE Sampler: BN
Matrix: Wastewater Composite Date Sampled: 3/10/2004 17:20

Test	Method	Analyst	Test Date	Reporting Limit	Units	Result
TCLP Metals						
TCLP - Arsenic	EPA 1311	KR	3/12/2004 13:15	0.1	mg/l	<0.1
TCLP - Barium	EPA 1311	KR	3/12/2004 13:15	0.5	mg/l	0.9
TCLP - Cadmium	EPA 1311	KR	3/12/2004 13:15	0.1	mg/l	<0.1
TCLP - Chromium	EPA 1311	KR	3/12/2004 13:15	0.1	mg/l	<0.1
TCLP - Lead	EPA 1311	KR	3/12/2004 13:15	0.5	mg/l	<0.5
TCLP - Mercury	EPA 1311	JZ	3/15/2004 13:00	0.005	mg/l	<0.005
TCLP - Selenium	EPA 1311	KR	3/12/2004 13:15	0.1	mg/l	<0.1
TCLP - Silver	EPA 1311	KR	3/12/2004 13:15	0.1	mg/l	<0.1
PCBs in Oil/Solid						
Aroclor 1016	EPA 8082	MH	3/22/2004 13:30	5000	ug/kg	<5,000
Aroclor 1221				5000	ug/kg	<5,000
Aroclor 1232				5000	ug/kg	<5,000
Aroclor 1242				5000	ug/kg	<5,000
Aroclor 1248				5000	ug/kg	<5,000
Aroclor 1254				5000	ug/kg	<5,000
Aroclor 1260				5000	ug/kg	<5,000
Aroclor 1262				5000	ug/kg	<5,000
Aroclor 1268				5000	ug/kg	<5,000
Total Petroleum Hydrocarbon						
Total Petroleum Hydrocarbon	SM 5520F	WL	3/17/2004 15:30	10	mg/kg	19000

EnviroChem

Environmental Laboratories

4320 Midmost Drive Mobile, Alabama 36609

Phone (251) 344-9106 Fax (251) 341-9492

To: RESOLVE MARINE GROUP
P.O Box 3108
MOBILE, AL 36652

Attention: C. J. MIRE

Date Reported: 3/24/2004 11:27:30 AM

Project: ALBERT E WATTS SHIP

PO Number:

Date Received: 3/11/2004

Laboratory Results

Sample Number 25245-02 Description: OIL SLOP FROM HOPPER Sampler: BN
Matrix: Wastewater Grab Date Sampled: 3/10/2004 17:25

Test	Method	Analyst	Test Date	Reporting Limit	Units	Result
PCBs in Oil/Solid						
Aroclor 1016	EPA 8082	MH	3/22/2004 13:30	5000	ug/kg	<5,000
Aroclor 1221				5000	ug/kg	<5,000
Aroclor 1232				5000	ug/kg	<5,000
Aroclor 1242				5000	ug/kg	<5,000
Aroclor 1248				5000	ug/kg	<5,000
Aroclor 1254				5000	ug/kg	<5,000
Aroclor 1260				5000	ug/kg	<5,000
Aroclor 1262				5000	ug/kg	<5,000
Aroclor 1268				5000	ug/kg	<5,000

Reviewed by: X2 Mh

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ADEM



ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

POST OFFICE BOX 301463 36130-1463 • 1400 COLISEUM BLVD 36110-2059

MONTGOMERY, ALABAMA

WWW.ADEM.STATE.AL.US

(334) 271-7700

JAMES W. WARR

DIRECTOR

BOB RILEY

GOVERNOR

January 7, 2004

Attn: Environmental Contact

RE: Notification of Regulated Waste Activity

The Alabama Department of Environmental Management has reviewed your Notification of Regulated Waste Activity, ADEM Form 8700-12, for this facility.

According to the information submitted:

☒ The facility has been assigned the EPA Identification Number ALR000031435.

☐ The facility's annual notification has been confirmed.

With receipt of this letter, this facility is currently in compliance with ADEM Administrative Code Rule 335-14-3-.01(3). Please be aware that, in order to remain in compliance with the aforementioned rule, you must notify at the appropriate time next year.

Should you have any questions, please contact the Environmental Data Section at (334) 270-5624.

Facsimiles: (334)
Administration: 271-7950
General Counsel: 394-4332
Air: 279-3044
Land: 279-3050
Water: 279-3051
Groundwater: 270-5631
Field Operations: 272-8131
Laboratory: 277-6718
Mining: 394-4326
Education/Outreach: 394-4383

Birmingham Branch
110 Vulcan Road
Birmingham, Alabama 35209-4702
(205) 942-6168
(205) 941-1603 [Fax]

Decatur Branch
2715 Sandlin Road, S.W.
Decatur, Alabama 35603-1333
(256) 353-1713
(256) 340-9359 [Fax]

Mobile Branch
2204 Penimeter Road
Mobile, Alabama 36615-1131
(251) 450-3400
(251) 479-2593 [Fax]

Mobile - Coastal
4171 Commanders Drive
Mobile, Alabama 36615-1421
(251) 432-6533
(251) 432-6598 [Fax]



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Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (§ 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Alabama Department of Environmental Management

Date Received
(for Official Use Only)

49-22563

I. Installation's EPA ID Number (Mark "X" in the appropriate box)



A. First Notification

B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

ALR000031435

II. Name of Installation (Include company and specific site name)

Resolve ESCO Marine INC Albert

Name of Installation (Continued)

E. Watts

III. Change of Installation Name?

☐ No☐ Yes

(If Yes, Please enter previous name of installation below.)

IV. Location of Installation (Physical address not P. O. Box or Route Number)

Street

Mobile Bay Little Sand Island

Street (Continued)

200 Sixth Street Biakely Island

City or Town

Mobile

State

AL

Zip Code

36602-

County Name

097 Mobile

V. Installation Mailing Address (See Instructions)

Street or P.O. Box

P.O. Box 3108

City or Town

Mobile

State

AL

Zip Code

36652-3108

VI. Installation Contact (Person to be contacted regarding waste activities at site)

Title

Name (Last)

(First)

Mr

Ms

Mire

C. J.

Job Title

E. S. H.

Phone Number (Area Code and Number)

956-592-4088

Ext.

Contact Email Address (optional)

CJMire7@AOL.com

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

Maritime Administrative

Street, P.O. Box or Route Number

400 Seventh Street SW, Room 222

City or Town

Washington DC

State

DC

Zip Code

20540

Phone Number (Area Code and Number)

202-366-5787

Ext.

B. Land Type

S

C. Owner Type

P

D. Change of Ownership Indicator

Yes

No

Date

Month

Day

Year

Continued on Next Page

1/5/04 Per CJ Mire,
back where waste will be brought ashore.

Please print or type with ELITE type (12 characters per) in the unshaded areas only

ADEM Form 8700-12 (4/01)

VIII. Geographic Location

In the area provided below, enter the physical location of your installation. This information must be described in Latitude and Longitude.

Latitude/Longitude Method ☐ (See Instructions)

(Degrees)			Latitude			& Seconds			(Degrees)			Longitude			& Seconds		
			Minutes						Minutes								
3	0		3	9				5			N	0	8	9	0	1	
															7		

IX. Description of Facility Processes (Refer to Instructions for NAICS Code listings)

A. NAICS Codes: Enter the six-digit North American Industry Classification System (NAICS) Code of the overall production, distribution, or service activity of your site. Also, provide any additional NAICS Codes that describe the specific industrial processes that are used.

Primary						1						2						3						4					
2	3	5	9	4																									

B. Facility Process In the space provided below, describe each of the processes at your facility that produce Regulated Wastes. Attach additional sheets as necessary.

1. Asbestos, PCB-Bulk Product Waste (Dry material) Petroleum
2. products will be generated from the dismantling of this vessel. Albert Water
- 3.

X. Certification Fees

Note: Pursuant to Rules 335-1-6 of the ADEM Administrative Code, all Notification Forms submitted to the Department must include the appropriate certification fee in order to be complete.

During at least 1 month of the previous year, this facility operated as: (Check all that apply)

A. Hazardous Waste Activities (Attach Schedule A)

1. ☐ Large Quantity Generator (≥ 1000 kg/month)
2. ☒ Small Quantity Generator (between 101 and 999 kg/month)
3. ☐ Conditionally Exempt Generator (≤ 100 kg/month)

(Note: Household generation is exempt under 335-14-2-.01(4)(b)1.)

4. ☐ Transporter/Transfer Facility
5. ☐ Treatment Facility - Combustion
6. ☐ Treatment Facility - Other than Combustion
7. ☐ Storage Facility
8. ☐ Disposal Facility

B. Used Oil Activities (Attach Schedule B)

1. ☐ Generator (≥ 25 gallons/month)
2. ☐ Transporter/Transfer Facility
3. ☐ Processor/Re-refiner
4. ☐ Fuel Marketer
5. ☐ Burner

C. Universal Waste Activities (Attach Schedule C)

1. ☐ Universal Waste Transporter
2. ☐ Large Quantity Handler (≥ 5000 kg)
3. ☒ Small Quantity Handler (≤ 5000 kg)

Any ADEM Form 8700-12 submitted without all appropriate waste schedules and certification fees will not be processed.

XI. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person, or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or Print)

B.T. Mine - E.S. + H. May

Date Signed

12-16-03

XII. Comments

Date Processed
(for Official Use Only)

Mail completed form, a check or money order for all appropriate certification fees, and all necessary schedules and attachments to:

Alabama Department of Environmental Management
Land Division
P. O. Box 301463
Montgomery, AL 36130-1463

Installation's EPA ID Number

ADEM Form 8700-12 (4/01)

Page 2

ADEM Form 8700-12 A(4/01)
(for Official Use Only)

Schedule A

Certification of Hazardous Waste Management

☒ 1. Hazardous Waste Generator (See Instructions)

- ☐ a. 1000 kg (2,200 lbs.) per month or more
☒ b. 101 to 999 kg (221 - 2,199 lbs.) per month
☐ c. 100 kg (220 lbs.) per month or less

☐ 2. Hazardous Waste Transporter **

- ☐
- a. Commercial Transporter (received wastes from others)

Mode of Transportation

- ☐ 1. Air ☐ 3. Highway
☐ 2. Rail ☐ 4. Water
☐ 5. Other (Specify)

- ☐
- b. Own Waste Only

☐ 3. Treater, Storer, Disposer (at installation) ††

Permit Exempt Treatment (subject to ADEM verification)

- ☐ a. WWTU/ENU ☐ d. Recycling Unit
- ☐ b. Generator Evaporation ☐ e. Generator Physical Processing
- ☐ c. TETF Unit ☐ f. Other (specify)

☐ 4. Hazardous Waste Fuel ††

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption

Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

☐ 5. Transfer Facility

- ☐ a. Loaded trucks
- ☐ b. Off-loaded containers
- ☐ c. Bulk Transfer between vehicles

☐ 6. Recycling Activities

(Specify)

†† **NOTE:** A permit may be required for this activity. Contact (334) 271-7735 for more information

II. Hazardous Waste Transporter

During the previous calendar year, this facility transported _____ of Hazardous Waste.
(quantity in pounds)

III. Treater, Storer, Disposer (at Installation)

During the previous calendar year, this facility received _____ of Hazardous Waste for treatment.
(quantity in pounds)

During the previous calendar year, this facility received _____ of Hazardous Waste for storage.
(quantity in pounds)

During the previous calendar year, this facility received _____ of Hazardous Waste for disposal.
(quantity in pounds)

IV. Hazardous Waste Fuel

During the previous calendar year, this facility marketed _____ of Hazardous Waste.
(quantity in pounds)

During the previous calendar year, this facility combusted _____ of Hazardous Waste.
(quantity in pounds)

V. Transfer Facility

During the previous calendar year, this facility acted as a transfer facility for _____ of Hazardous Waste.
(quantity in pounds)

Note: In order for this schedule to be accepted by ADEM, it must be attached to a completed Notification of Regulated Waste Activity, ADEM Form 8700-12, and must include the appropriate certification fees, as required by 335-1-6.

ADEM Form 8700-12 A (4/01)

Page 1

(Continued on Next Page)

Installation's EPA ID Number

[illegible]

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ADEM Form 8700-12 A (4/01)

VI. Recycling ActivityDuring the previous calendar year, this facility recycled _____ of Hazardous Waste.
(quantity in pounds)**VII. Hazardous Waste Generation****A. Waste Description** In the space provided, list the types of regulated waste typically generated or handled by your installation. Attach additional sheets as necessary.
Types of Waste Generated **Estimated Annual Volume**

1. Vessel Dismantling - Unknown if any Hazardous Materials or Waste will be encountered or handled will amend if encountered.
- 2.
- 3.
- 4.
- 5.

B. Characteristics of Nonlisted Hazardous Wastes. [Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 335-14-2-.03(1) - (5). Additional spaces are available in the following section if you need to list more hazardous waste numbers.]

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D		D		D		D	
D		D		D		D		D		D	
D		D		D		D		D		D	
D		D		D		D		D		D	

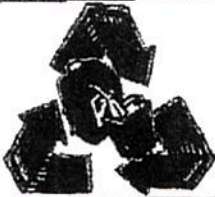
C. Listed Hazardous Wastes. [See 335-14-2-.04(2) - (4)]; If you need to list more hazardous waste numbers, attach copies of this page as necessary.

1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66

Installation's EPA ID Number

ADEM Form 8700-12 A (4/01)

Page 2



Schedule B

Certification of Used Oil Management

I. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

- ☒ 1. Used Oil Generator
- ☐ a. Do-it-yourself Collection Center
- ☐ b. Collection Center
- ☐ c. Aggregation Point
- ☐ 2. Used Oil Fuel Marketer
- ☐ a. Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. First Claims Used Oil Meets Specifications
- ☐ c. Burns Only Used Oil Generated On-site as On-Specification Fuel
- ☐ 3. Off-Specification Used Oil Fuel Burner
- ☐ a. Burns Only Used Oil Generated On-site
- ☐ b. Indicate Type(s) of Devices
- ☐ Utility Boiler
- ☐ Industrial Boiler
- ☐ Industrial Furnace
- ☐ 4. Used Oil Transporter ††
- ☐ a. Only For Used Oil Generated On-site
- ☐ b. Operates a Transfer Facility
- ☐ 5. Used Oil Processor/Re-refiner

†† NOTE: A permit is required for this activity. Contact (334) 271-7735 for more information

II. Used Oil Generation

During the previous calendar year, this facility collected/generated Waste from Solvent Extraction of Used Oil.
(quantity in pounds)

III. Used Oil Fuel Marketer

During the previous calendar year, this facility marketed _____ of Used Oil.
(quantity in pounds)

IV. Used Oil Burner

During the previous calendar year, this facility burned _____ of Used Oil.
(quantity in pounds)

V. Used Oil Transporter

During the previous calendar year, this facility transported _____ of Used Oil.
(quantity in pounds)

VI. Used Oil Processor/Re-refiner

During the previous calendar year, this facility processed/re-refined _____ of Used Oil.
(quantity in pounds)

Note: In order for this schedule to be accepted by ADEM, it must be attached to a completed Notification of Regulated Waste Activity, ADEM Form 8700-12, and must include the appropriate certification fees, as required by 335-1-6.

[illegible]

A black and white image of a standard recycling symbol, consisting of three chasing arrows forming a triangle.

Schedule C

Certification of Universal Waste Management

☐ Universal Waste Transporter☐ Large Quantity Handler

Estimated Yearly Accumulation

- ☐ 1. Battery(ies)
☐ 2. Thermostat(s)
☐ 3. Pesticide(s)
☐ 4. Lamps

☐ Small Quantity Handler

Estimated Yearly Accumulation

- ☒ 1. Battery(ies)
☒ 2. Thermostat(s)
☐ 3. Pesticide(s)
☒ 4. Lamps

unknown until encountered

II. Universal Waste Transporter

During the previous calendar year, this facility transported _____ of Universal Waste.
(quantity in pounds)

III. Universal Waste Handler

During the previous calendar year, this facility handled Unknown of Universal Waste.
(quantity in pounds)

Comments:

Note: In order for this schedule to be accepted by ADEM, it must be attached to a completed Notification of Regulated Waste Activity, ADEM Form 8700-12, and must include the appropriate certification fees, as required by 335-1-6.

ADEM Form 8700-12 C (4/01)

Page 1

Installation's EPA ID Number

[illegible]

Blank Page

no master ID
ADEM

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

POST OFFICE BOX 301463 36130-1463 • 1400 COLISEUM BLVD. 36110-2059

MONTGOMERY, ALABAMA

WWW.ADEM.STATE.AL.US

(334) 271-7700

ONIS "TREY" GLENN, III, P.E.

DIRECTOR

July 26, 2006

BOB RILEY

GOVERNOR

Mr. Brett McIntyre
Facility Manager
Rectec LLC
P.O. Box 11469
Mobile, Alabama 36611

Facsimiles: (334)
Administration: 271-7950
General Counsel: 394-4332
Communication: 394-4383
Air: 279-3044
Land: 279-3050
Water: 279-3051
Groundwater: 270-5631
Field Operations: 272-8131
Laboratory: 277-6718
Mining: 394-4326

Dear Mr. McIntyre,

The purpose of this letter is to return the Notification of Regulated Waste Activity-ADEM 8700-12 form which was submitted for Rectec LLC located at 101 Hardwood Lane, Mobile, Alabama for failure to include the \$70 notification fee.

Please return the enclosed 8700-12 form and \$70 fee payable to ADEM, to:

ADEM
Information Systems Branch
Permits and Services Division (8700-12)
P.O. Box 301463
Montgomery, Alabama 36130-1463

Sincerely,



Stephen C. Maurer
ADEM
Permits and Services Division
(334) 271-7940

File: ALR000031146
Rectec LLC
Mobile County



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HAZARDOUS WASTE INSPECTION REPORT



Installation: Resolve Esco Marine EPA ID Number: ALR000031435
Location: 6th Street Blakely Island Mobile (Bay)
Street # and Name City Zip Code County
Contact Information: 956.592.4088 Telephone # Fax # E-mail Address
Installation Representative(s): Mr. C.J. Mire (telephone)
ADEM Representative(s): Kelley Hartley
Inspection Date: March 11, 2009 Time: 9:15 Arrival Departure
Inspection Type / Reason(s) for Inspection: Routine CEI
Prepared By: Kelley Hartley Reviewed By: Ronald T. Shell
Prepared On: March 19, 2009 Reviewed On: 3/20/09

Installation Employees: _____ Operations: _____ Notification (8700-12) 12/16/03 12/16/03
Description: Ship located off Little Sand Island (Mobile Bay) Total # at this site Size Waste Mgmt Years at site Hours / Week Date of Last Not Date of First Not

Waste-Generating Process(es):
No hazardous waste was generated.

Wastestream Description	Hazardous Waste Number(s)	Observed	Notified
1)		<input type="checkbox"/>	<input type="checkbox"/>
2)		<input type="checkbox"/>	<input type="checkbox"/>
3)		<input type="checkbox"/>	<input type="checkbox"/>
4)		<input type="checkbox"/>	<input type="checkbox"/>
5)		<input type="checkbox"/>	<input type="checkbox"/>

<u>Observed Regulatory Status</u>	<u>Regulatory Status on Record</u>
Hazardous Waste: <u>Not a generator</u>	Hazardous Waste: _____
Universal Waste: _____	Universal Waste: _____
Used Oil: _____	Used Oil: _____
Other: _____	Other: _____

Notes:
This number was obtained in 2003 for the dismantling of the Albert E. Watts. The Watts was used for fire training. I spoke with Mr. C.J. Mire (Esco Marine) on the phone and he informed me that PCB and solid wastes were generated during the project but stated that no hazardous waste was encountered. This EPA ID number is no longer needed and has been deactivated at Mr. Mire's request.

Items Removed from the Site

- ☐ Copies of document(s)
- ☐ Sample(s) collected

Items Left at the Site

- ☐ Preliminary Inspection Report
- ☐ Guidance document(s)
- ☐ Compliance Assessment / Noncompliance Warning
- ☐ Receipt for document(s) / sample(s) taken

HAZARDOUS WASTE INSPECTION REPORT

Applicability: L=LQG

S=SQG

C=CEG

X = Not in compliance

X = Section not applicable

GENERAL

- EPA Identification Number L S ☐
- Submit Form 8700-12 annually (CESQG w/ active #) L S C ☐
- Hazardous waste determination L S C ☐
- Waste minimization plan L S ☐
- Submit biennial report by March 1 of even years L ☐
- Keep biennial, exception, and closure reports ≥8 yr L ☐
- Keep test results and waste analyses ≥8 yr L S ☐
- Furnish required records upon request L ☐

ON-SITE MANAGEMENT

- Generate ≤100 kg of HW in a calendar month C ☐
- Generate ≤1 kg of acute HW in a calendar month S C ☐
- Generate ≤100 kg of residue or contaminated soil, waste, or debris resulting from the spill cleanup of acute HW in a calendar month S C ☐
- Accumulate on-site ≤1 kg of acute HW and ≤100 kg of soil, waste, or debris contaminated with acute HW C ☐
- Accumulate on-site ≤1000 kg of HW C ☐
- Generate <1000 kg of HW in a calendar month and accumulate on-site ≤80 days S ☐
- Accumulate ≤6000 kg of HW on-site S ☐
- Accumulate HW on-site ≥90 days L ☐
- Accumulate F006 on-site ≤80 days under certain conditions L ☐
- Accumulate F006 on-site ≤270 days when treatment facility is ≥200 mi away L ☐
- Accumulate HW on-site ≤270 days if TSD is ≥200 mi away S ☐
- May receive a 30-day extension to accumulation time L S ☐
- May receive an exception to F006 accumulation limit L ☐
- Accumulate ≤55 gal of HW, or 1 qt acute HW, at or near point of generation L S ☐
- Prevent unknowing entry and minimize unauthorized entry of people or livestock L ☐
- Control entry with a 24-hr surveillance system or a surrounding artificial/natural barrier L ☐
- Post "Danger-Unauthorized Personnel Keep Out" signs legible from 25 ft L ☐
- Protect ignitable/reactive HW from sources of ignition/reaction; post "No Smoking" signs L ☐
- Document inspections in a log that is kept ≥8 yr L ☐
- Repair deterioration/malfunction of equipment or structures when discovered L ☐

PERSONNEL TRAINING

- Maintain job titles and persons filling each job, written job descriptions, and written descriptions of the type & amount of training required for each HW related job L ☐
- Maintain written description of training program S ☐
- HW employees complete initial training program within 6 mo of employment or assignment (classroom or OJT) L S ☐
- Annual review of initial training L ☐
- Document that initial and review training have been completed L ☐
- Keep training records on current employees until closure and former employees for ≥8 yr after leaving L S ☐
- Training program is directed by a person trained in HW management L ☐
- Training program familiarizes personnel with emergency procedures, equipment, and systems L ☐
- Training program includes: procedures for using, inspecting, repairing, and replacing facility emergency & monitoring equipment; key parameters for automatic waste feed cut-off systems; communications/alarm systems; response to fires/explosions; response to groundwater contamination incidents; shutdown of operations L ☐

OFF-SITE MANAGEMENT

- Transporters & TSDs have USEPA ID # and permits L S ☐
- Deliver HW to one of the following: permitted or interim status TSD; permitted MSWLF or non-MSWLF; facility that uses, reuses, recycles, or reclaims C ☐
- Use properly completed uniform hazardous waste manifests L S ☐
- Contractual reclamation agreement specifies the type of waste and frequency of shipments; the reclaimer owns the transport vehicle; generator maintains a copy ≥8 yr after expiration S ☐
- Keep one copy of the manifest for 3 yr or until a signed copy is returned; keep the signed copy ≥8 yr L S ☐

- Contact transporter and/or TSD if signed manifest is not received within 35 days L ☐
- Submit exception report if a signed manifest is not received within 45 days L ☐
- Submit a copy of the manifest and some indication that delivery confirmation has not been received if a signed manifest is not received within 60 days S ☐
- Package HW for shipment according to USDOT L S ☐
- Label shipping packages of HW according to USDOT L S ☐
- Mark shipping packages of HW according to USDOT L S ☐
- Placard or offer placards according to USDOT L S ☐

LAND DISPOSAL RESTRICTIONS

- Determine if HW must be treated prior to land disposal L S ☐
- Send a one-time written notice to TSD with the 1st shipment if the HW does not meet treatment standards L S ☐
- Send a one-time written notice to TSD with the 1st shipment if the HW meets treatment standards L S ☐
- Send a one-time written notice to LDF with the 1st shipment if the HW is subject to an exemption L S ☐
- Develop & follow a written waste analysis plan when treating HW to meet treatment standards; keep a copy on-site L S ☐
- Place a one-time notice in company files when managing a prohibited waste that is excluded from regulation L S ☐
- Send a one-time notice to treatment facility if using the alternative treatment standard for lab packs L S ☐
- Keep notices, certifications, waste analysis data, etc. ≥8 yr L S ☐

PREPAREDNESS & PREVENTION

- Maintain & operate facility to minimize the possibility of fire, explosion, or release L S ☐
- Internal communication system for emergency instruction L S ☐
- Device (e.g., phone, two-way radio) for summoning outside emergency assistance L S ☐
- Fire & spill control equipment and decon equipment L S ☐
- Water to supply hoses, foam producing equipment, automatic sprinklers, or water spray systems L S ☐
- Test & maintain communications, fire protection, spill control, and decontamination equipment L S ☐
- Employees handling HW have access to internal communication devices L S ☐
- Lone employees have access to external communication devices L S ☐
- Maintain aisle space for movement of personnel and emergency equipment L S ☐
- Make needed arrangements, with police, fire, and emergency response agencies L S ☐
- Make agreements as needed with State emergency response teams, emergency response contractors, and equipment suppliers L S ☐
- Familiarize local hospitals with properties of HW handled and injuries or illnesses which could result L S ☐
- Document emergency arrangements L S ☐

EMERGENCY PROCEDURES

- Contingency plan designed to minimize hazards from fires, explosions, or releases L ☐
- Contingency plan describes personnel emergency actions L ☐
- Contingency plan describes arrangements with police & fire departments, hospitals, contractors, and State & local emergency response teams L ☐
- Contingency plan lists names and office & home addresses & telephone numbers of emergency coordinators L ☐
- Contingency plan lists location & physical description of emergency and decontamination equipment L ☐
- Contingency plan includes facility evacuation plan L ☐
- Implement contingency plan whenever a fire, explosion, or release could threaten human health or the environment L ☐
- Keep a copy of the contingency plan at the facility L ☐
- Submit contingency plan to police & fire departments, hospitals, and State & local emergency response teams L ☐
- Review and revise the contingency plan whenever applicable rules are revised, it fails in an emergency, the facility changes, the emergency coordinator changes, or the emergency equipment changes L ☐
- Post the name & telephone number of the emergency coordinator next to the telephone S ☐
- Post the location of fire extinguishers, spill control material, and fire alarm (if present) next to the telephone S ☐
- Post the telephone number of the fire department, unless there is a direct alarm, next to the telephone S ☐
- Emergency coordinator is on-site or on call at all times L S ☐

- Emergency coordinator notifies ADEM before resuming operations after emergency incident L ☐
- Document date, time, & details of emergency incidents; submit written report to ADEM ≤5 days afterwards L ☐

CONTAINERS

- In good condition (including satellite) L S ☐
- Compatible with the contents (including satellite) L S ☐
- Closed except when adding or removing HW (incl. satellite) L S ☐
- Not managed in a manner that may cause them to leak L S ☐
- >30 gal capacity not stacked over 2 high L S ☐
- Accumulation start date is marked and visible for inspection L S ☐
- Marked with "Hazardous Waste" and the HW numbers L S ☐
- Satellite containers marked with "Hazardous Waste" or other identifying words L S ☐
- Remove HW from satellite areas within 3 days L S ☐
- Inspect storage areas at least weekly; record in an inspection log; keep inspection records ≥8 yr (log must include date and time of the inspection, name of the inspector, observations made, date and nature of repairs or remedial actions, number and capacities of containers) L S ☐
- Storage areas have containment systems L ☐
- Containment system base is free of cracks or gaps and sufficiently impervious to HW and precipitation L ☐
- Containment system base drains and removes liquids, unless the containers are protected from contact with liquids L ☐
- Containment system holds the greater of 10% of all containers or largest container L ☐
- Prevent run-on, unless containment system has sufficient excess capacity L ☐
- Remove spills within 24 hr after detection; remove precipitation in a timely manner L ☐
- Ignitable and reactive HW is at least 15 m (50 ft) from the property line L ☐
- Manage incompatible HW/materials in containers so as not to generate extreme heat, pressure, fire, explosion, or violent reaction; produce uncontrolled toxic mists, fumes/gases, or dusts; produce uncontrolled flammable fumes/gases to pose a risk of fire or explosions; damage the integrity of the device or facility; or otherwise threaten human health or the environment L S ☐
- Separate incompatible HW or materials with dikes, berms, walls, etc. L S ☐
- Decontaminate/remove containers, HW, and soil at closure L S ☐
- 40 CFR, Part 265, Subpart AA L ☐
- 40 CFR, Part 265, Subpart BB L ☐
- 40 CFR, Part 265, Subpart CC L ☐
- Upon ceasing to operate a HW container storage area, minimize the need for further maintenance, control post-closure escape of hazardous constituents, and comply with applicable closure requirements of Chapters 3 & 6 L ☐
- Submit written report ≥5 days prior to closing, ceasing operation, or moving a HW container storage area L ☐
- Submit written report ≥5 days after completion of closure of a HW container storage area L ☐

TANKS

- Engineer's written assessment attesting to an existing tank system's integrity L ☐
- Assessment for an existing tank system considers design standards, hazardous characteristics of the HW, existing corrosion protection, age of the system, and results of a tank integrity examination L ☐
- For wastes that become hazardous after 7/14/86, conduct the tank assessment within 12 mo after the waste becomes hazardous L ☐
- Engineer's written assessment attesting to a new tank system's acceptability for managing HW L ☐
- Assessment for a new tank system considers design standards, hazardous characteristics of the HW, factors affecting corrosion & type of corrosion protection needed, protection of underground tanks from vehicular damage, and design considerations for weight, floating tanks, & frost heave L ☐
- For new tanks, ensure proper handling procedures are followed during installation; inspected by a qualified professional prior to use L ☐
- Provide appropriate backfill for underground tank systems L ☐
- Perform tightness test on new tanks prior to placing in service L ☐
- Properly support and protect ancillary equipment L ☐
- Provide appropriate corrosion protection L ☐

HAZARDOUS WASTE INSPECTION REPORT

<p>Maintain written statements attesting that the system was properly designed/installed L <input type="checkbox"/></p> <p>Provide 2nd containment for all tank systems that require it L <input type="checkbox"/></p> <p>2nd containment system prevent migrations out of the system L <input type="checkbox"/></p> <p>2nd containment system is capable of detecting/collecting releases L <input type="checkbox"/></p> <p>2nd containment system is constructed of or lined with compatible materials L <input type="checkbox"/></p> <p>2nd containment system is placed on a suitable base L <input type="checkbox"/></p> <p>2nd containment system has a leak-detection system capable of detecting failures or releases within 24 hr L <input type="checkbox"/></p> <p>2nd containment systems drain liquids, remove liquids within 24 hr L <input type="checkbox"/></p> <p>2nd containment system includes a liner, vault, double-walled tank, or equivalent device L <input type="checkbox"/></p> <p>External liners contain 100% of the capacity of the largest tank L <input type="checkbox"/></p> <p>External liners prevent run-on unless there is sufficient excess capacity for a 25-yr, 24-hr rainfall L <input type="checkbox"/></p> <p>External liners are free of cracks or gaps L <input type="checkbox"/></p> <p>External liners completely surround the tank and prevent lateral/vertical migration L <input type="checkbox"/></p> <p>External liners have compatible, impermeable interior coating if concrete or other porous liner is used L <input type="checkbox"/></p> <p>Vault systems contain 100% of the capacity of the largest tank L <input type="checkbox"/></p> <p>Vault systems prevent run-on unless there is sufficient excess capacity for a 25-yr, 24-hr rainfall L <input type="checkbox"/></p> <p>Vault systems have chemical-resistant water stops at all joints L <input type="checkbox"/></p> <p>Vault systems have a compatible, impermeable interior coating or lining L <input type="checkbox"/></p> <p>Vault systems have a means to protect against the formation/ignition of vapors within the vault if the HW being stored/treated is ignitable or reactive L <input type="checkbox"/></p> <p>Vault systems subject to hydraulic pressure prevent inward migration of moisture L <input type="checkbox"/></p> <p>Double-walled tanks are integral structures so that a release from the inner tank is contained by the outer shell L <input type="checkbox"/></p> <p>Protect metal double-walled tanks from corrosion L <input type="checkbox"/></p> <p>Double-walled tanks have continuous leak detection system capable of detecting a release within 24 hr L <input type="checkbox"/></p> <p>Ancillary equipment has 2nd containment, except for aboveground piping, welded connections, sealless pumps & valves, and pressurized above-ground piping with automatic shut-off devices that are inspected daily L <input type="checkbox"/></p> <p>Obtain a variance from the requirements for 2nd containment for tank systems without it L <input type="checkbox"/></p> <p>Perform annual leak/integrity tests on tanks without 2nd containment; keep a record of the results L <input type="checkbox"/></p> <p>Do not place HW/materials in a tank that could cause it to rupture, leak, corrode, or otherwise fail L <input type="checkbox"/></p> <p>Use appropriate controls/practices to prevent spills and overflows, including spill prevention controls (check valves, dry disconnect couplings), overflow prevention controls (level sensing devices, automatic feed cutoffs), and sufficient freeboard in uncovered tanks L <input type="checkbox"/></p> <p>Inspect overflow/spill control equipment daily L <input type="checkbox"/></p> <p>Inspect the level of waste in uncovered tanks daily S <input type="checkbox"/></p> <p>Inspect aboveground portions of the tank system daily L <input type="checkbox"/></p> <p>Inspect data from monitoring equipment and leak detection equipment daily L <input type="checkbox"/></p> <p>Inspect construction materials and 2nd containment structures daily L <input type="checkbox"/></p> <p>Confirm proper operation of cathodic protection systems within 6 mo after installation, then annually L <input type="checkbox"/></p> <p>Inspect and/or test sources of impressed current at least bimonthly L <input type="checkbox"/></p> <p>Document tank inspections, record in an inspection log, keep inspection records 18 yr L <input type="checkbox"/></p>	<p>Immediately remove from service a tank or 2nd containment system that has leaked or is unfit for use L <input type="checkbox"/></p> <p>Report releases to the environment to ADEM within 24 hr after detection L <input type="checkbox"/></p> <p>Submit a written report of a release to ADEM within 30 days after detection L <input type="checkbox"/></p> <p>Return a tank system to service when the released HW is removed if the spill has not damaged the system L <input type="checkbox"/></p> <p>Repair leaking tanks prior to returning to service L <input type="checkbox"/></p> <p>Have an engineer certify extensive repairs; submit to ADEM within 7 days after return to service L <input type="checkbox"/></p> <p>Remove/decontaminate residues, components, soils, and structures at closure L <input type="checkbox"/></p> <p>Ignitable/reactive HW placed in a tank is treated immediately afterward so that it is no longer ignitable/reactive L <input type="checkbox"/></p> <p>Ignitable/reactive HW placed in a tank is protected from sources of ignition/reaction L <input type="checkbox"/></p> <p>Ignitable/reactive HW is placed in a tank that is only used for emergencies L <input type="checkbox"/></p> <p>Provide for buffer zones required by NFPA when managing ignitable/reactive HW L <input type="checkbox"/></p> <p>Manage incompatible HW/materials in tanks so as not to generate extreme heat or pressure, fire or explosion, or violent reaction; produce uncontrolled toxic mists, fumes, dusts, or gases; produce uncontrolled flammable fumes or gases; damage the integrity of the device or facility; or otherwise threaten human health or the environment L <input type="checkbox"/></p> <p>40 CFR, Part 265, Subpart AA L <input type="checkbox"/></p> <p>40 CFR, Part 265, Subpart BB L <input type="checkbox"/></p> <p>40 CFR, Part 265, Subpart CC L <input type="checkbox"/></p> <p>Marked with "Hazardous Waste" and the HW numbers L <input type="checkbox"/></p> <p>Upon ceasing to operate a HW tank system, minimize the need for further maintenance, control post-closure escape of hazardous constituents, and comply with applicable closure requirements of Chapters 3 & 6 L <input type="checkbox"/></p> <p>Submit a written report 45 days prior to closing, ceasing operation, or moving a HW tank system L <input type="checkbox"/></p> <p>Submit a written report 45 days after completion of closure of a HW tank system L <input type="checkbox"/></p> <p>USED OIL GENERATION X <input type="checkbox"/></p> <p>Manage mixtures of UO and HW according to 17-02(1)(b) L <input type="checkbox"/></p> <p>Store UO in tanks, containers, or other units subject to regulation under Chapters 335-14-5 or 335-14-6 L <input type="checkbox"/></p> <p>Containers are closed except when adding or removing UO L <input type="checkbox"/></p> <p>Use appropriate controls and/or practices to prevent spills and overflows from tanks, e.g., spill prevention controls (check valves, dry disconnect couplings); overflow controls for continuously-fed tanks (alarms, automatic feed cutoff); freeboard controls in open tanks to prevent overflowing or overtopping; SOP requiring employees to check oil level by direct observation or remote sensing prior to adding oil L <input type="checkbox"/></p> <p>Containers and tanks are in good condition and not leaking L <input type="checkbox"/></p> <p>Labels are legible from at least 25 ft L <input type="checkbox"/></p> <p>Label containers and tanks with the words "Used Oil" L <input type="checkbox"/></p> <p>Label fill pipes for underground tanks with "Used Oil" L <input type="checkbox"/></p> <p>Upon detection of a release, stop the release, contain the UO, clean up the UO and other materials, and repair/replace leaking containers/tanks prior to returning to service L <input type="checkbox"/></p> <p>Burn in space heaters only UO generated on-site or by household DIY L <input type="checkbox"/></p> <p>Maximum capacity of space heaters burning UO is 0.5 million BTU/hr L <input type="checkbox"/></p> <p>Vent combustion gases from space heaters burning UO to ambient air L <input type="checkbox"/></p> <p>Except for self-transportation and tolling arrangements, UO transporters have an EPA Identification Number L <input type="checkbox"/></p>	<p>Self-transport of on-site generated and DIY UO to a collection center meets the following conditions: vehicle used is owned by the generator or an employee, 55 gal is transported at a time, and the collection center is recognized by ADEM L <input type="checkbox"/></p> <p>Self-transport of on-site generated UO to an aggregation point meets the following conditions: vehicle is owned by the generator or an employee, 55 gal is transported at a time, and the aggregation point is owned/operated by the generator L <input type="checkbox"/></p> <p>Transporters without an EPA Identification Number are used for transporting UO under a tolling arrangement where reclaimed oil is returned by the processor/refiner to the generator L <input type="checkbox"/></p> <p>Tolling arrangements indicate the type of UO and frequency of shipments, that the vehicle used is owned by the processor/refiner, and that reclaimed oil will be returned to the generator L <input type="checkbox"/></p> <p>SQH UNIVERSAL WASTE GENERATION X <input type="checkbox"/></p> <p>Prevent release of any UW or component to the environment L <input type="checkbox"/></p> <p>Immediately contain all releases of UW L <input type="checkbox"/></p> <p>Determine if SW generated from a release is HW L <input type="checkbox"/></p> <p>UW container is closed, structurally sound, compatible with the contents and has no evidence of leakage, spillage, or damage L <input type="checkbox"/></p> <p>UW pesticide tanks meet the requirements of interim status HW tanks L <input type="checkbox"/></p> <p>Mark UW batteries as "Universal Waste-Batteries", "Waste Batteries", or "Used Batteries" L <input type="checkbox"/></p> <p>Mark UW pesticides with product label, USDOT label, or other label designated by the pesticide collection program and "Universal Waste-Pesticides" or "Waste-Pesticides" L <input type="checkbox"/></p> <p>Mark UW mercury-containing equipment as "Universal Waste-Mercury-Containing Equipment", "Waste Mercury-Containing Equipment", or "Used Mercury-Containing Equipment" L <input type="checkbox"/></p> <p>Mark UW lamps as "Universal Waste-Lamps", "Waste Lamps", or "Used Lamps" L <input type="checkbox"/></p> <p>May manage batteries in the following manners, as long as the casing remains intact & closed: sort by type, max types in a container, discharge, regenerate, separate individual cells, remove from consumer products, or remove electrolyte L <input type="checkbox"/></p> <p>May remove mercury ampules from mercury-containing equipment in a manner that prevents breakage L <input type="checkbox"/></p> <p>Remove mercury ampules from mercury-containing equipment in a sufficient containment device L <input type="checkbox"/></p> <p>Have a mercury clean-up system and immediately transfer spilled mercury to a container L <input type="checkbox"/></p> <p>Ventilate & monitor the area where mercury ampules are removed from mercury-containing equipment L <input type="checkbox"/></p> <p>May remove open mercury housings from mercury-containing equipment (immediately close the housing and manage it according to rules applicable to ampules) L <input type="checkbox"/></p> <p>Accumulate UW 1 yr, except for special circumstances L <input type="checkbox"/></p> <p>UW on-site >1 yr is solely for the purpose of accumulating sufficient quantities for proper recovery/treatment/disposal L <input type="checkbox"/></p> <p>Demonstrate length of time that UW has been accumulating L <input type="checkbox"/></p> <p>Inform employees of the proper waste handling and emergency procedures L <input type="checkbox"/></p> <p>Ship UW only to another UW handler, destination facility, or foreign destination L <input type="checkbox"/></p> <p>Package, label, mark, and placard shipments of UW that are also hazardous materials according to USDOT L <input type="checkbox"/></p> <p>Receiving handler agrees to receive a shipment of UW L <input type="checkbox"/></p> <p>Receive rejected shipments of UW back or agree on another destination facility L <input type="checkbox"/></p> <p>Send rejected shipments of UW back to the originating handler or agree on another destination facility L <input type="checkbox"/></p> <p>Immediately notify ADEM of the name, address, and phone # of the originating shipper of HW that is not UW L <input type="checkbox"/></p>
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